

# Oral Hygiene



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THE *Cleveland* DENTAL  
MANUFACTURING CO.  
CLEVELAND, OHIO, U.S.A.

# Oral Hygiene

NOVEMBER  
1937

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# Dentistry's EARLY BIRD— *Doctor Henry W. Walden*

by WALTER H. JACOBS, D.D.S.

A DOUGLAS TRANSPORT is on the line with both its motors roaring away as the pilots test the stabilizers and control panel. A microphone in the airport waiting room announces, "The Early Bird for Chicago, Denver and Los Angeles is ready—all aboard please—use gate number 5." The passengers enter the plane; the stewardess shuts the cabin door; the signal is given; and down the runway speeds the huge monoplane. In a few seconds it is off the ground and "on the beam." The thundering motors become quieter and quieter and soon we lose sight of our bird, now just a speck climbing on over the clouds.

\* \* \*

In the story of our arts, sciences, and crafts, the greatest improvement in the shortest time has taken place in the story of aviation! A mere 34 years since man, once firmly rooted to the earth by the laws of gravitation, has found it possible to out-speed, out-distance, and soar higher than the birds! Of course, with the balloon, man has been in the air since the eighteenth century, when the Montgolfier brothers made an ascension by the lighter-than-air method at Versailles in 1783. But the balloon is at the

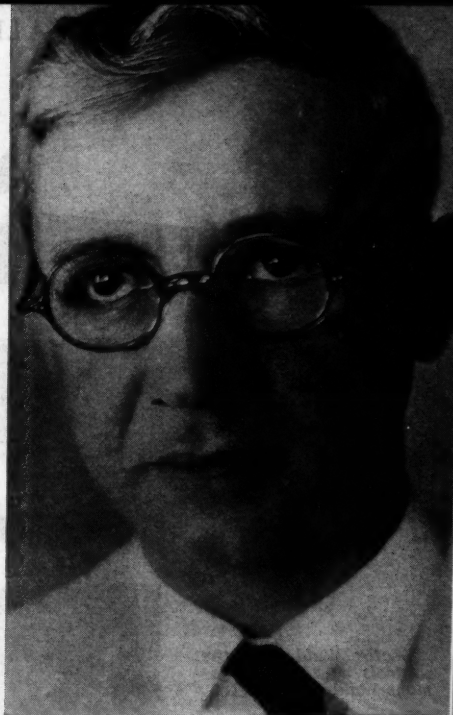
mercy of the winds, and there is no control over speed or direction. However, since that bleak, cold day at Kitty Hawk, North Carolina, on December 17, 1903 when the Wright brothers, Wilbur and Orville, made their epochal 12 second flight, man has gained mastery over air passage and his wings have grown in safety, speed, and numbers! And again dentistry, most versatile of the professions, lends one of her sons to the advancement of man's latest accomplishment—flying!

Back in 1892, at a country fair, a small boy was watching an event that was to fire him to become a pioneer of the air. Henry W. Walden was watching the take-off of a hot-air balloon. All was ready, the ropes were cut, the balloon shot up—soon there was a puff of smoke—then flames and disaster. But the boy had seen enough, he would never stop now till he himself had flown! In 1897 a Swedish balloonist, Salomon Andree, attempted to fly to the North Pole. The papers carried stories of the flight, the preparation, the start, and its tragic ending. All this further imbued the boy with the desire to fly. This time he built his own small trial balloon. Its ascension was very



successful. In fact, it rose so fast it all but took our young experimenter with it! On descending it landed on the town lumber yard and, had it not been for some prompt attention, the conflagration that followed would have wiped out the town. That episode ended for our hero all thoughts of conquering the air—for awhile.

In 1906 Doctor Walden graduated from the Columbia School of Dental and Oral Surgery, his interest in his first love—aviation—now being shared with the profession of dentistry. All spare time, however, was devoted to the problems of flying and to frequenting the company of the airmen and the airfields. Early in 1909 Doctor Walden witnessed the first airplane flight at Sheepshead Bay, New York, airfield, as Paulham at the controls of a Fahrman biplane made a short straight flight of about 10 feet. A few weeks later he witnessed a flight by Glen Curtiss, at the old Morris Park racetrack, New York. Curtiss flew a one quarter turn of the track at the unheard of altitude of 25 feet! That was too much! Doctor Walden went to work and started to build his own planes. First came the Walden I and II. They were tandem biplanes, equipped with continental automobile motors, 16 h.p. weighing close to 500 pounds. But these machines instead of being airplanes were really "grass cutters"—they never got off the ground. Was our aviator-dentist discouraged? Never! Back into dentistry went Doctor Walden for

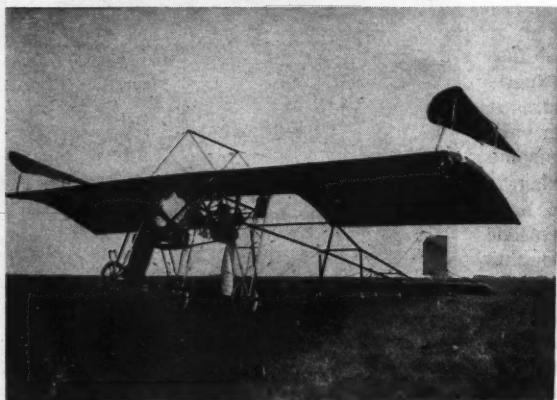


HENRY W. WALDEN, D.D.S.

more funds and relaxation from the arduous task of trying to put something on the field that would actually go up in the air.

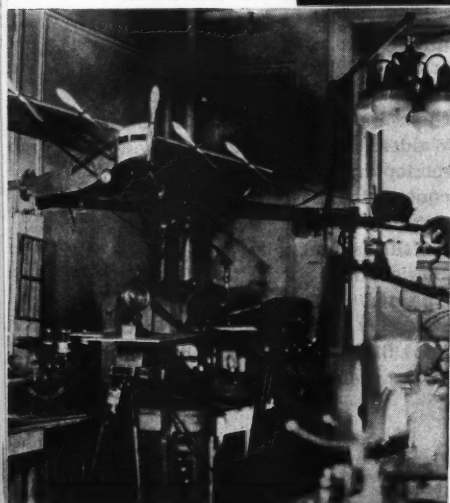
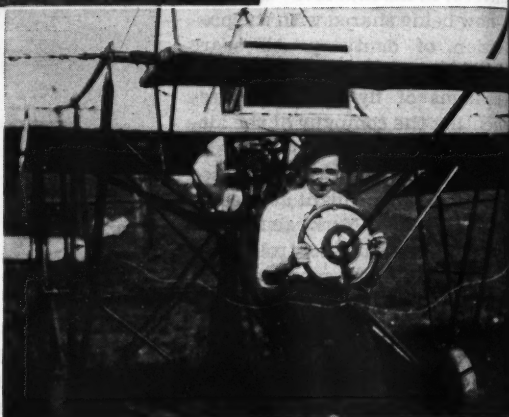
After more extractions, more bridgework, more pyorrhea treatments, and more restorations, there was enough cash for the Walden III. This plane was a monoplane of light construction, equipped with a 3 cylinder, 22 h.p. Anzani engine. (This engine was of the same type that Louis Bleriot flew across the English Channel in July, 1909.) All was ready in December, 1909, for its trial flight. On the now historic flying fields of Mineola, Long

# FROM DOCTOR WALDEN'S SCRAPBOOK



*Doctor Walden in the first successful American monoplane, the Walden III, which made its first flight at Mineola, December, 1909.*

*Doctor Walden at the controls of the now famous Walden IX, 1911.*



*An interesting corner in the office of Doctor Walden at 301 West Forty-First Street, New York. Note the dental unit, experimental material, and the model of the first airplane to have the motors inserted in the leading edges of the wings.*

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Island, the Walden III with Doctor Walden at the controls made its first straightaway flight—and was the first successful American monoplane!

From that time on there was no stopping our bird-man. Short flights, long flights, and sometimes no flights, all sorts of flying tricks were indulged in by Doctor Walden during the next few months. On August 3, 1910, a near fatal crash occurred. Remember, please, that in those days sitting in an airplane meant being perched on a few window shade bars out in front of an egg crate, directly behind which was a hot, heavy, smoking engine, and on top of all this was a tissue-thin can of high pressure gasoline. Now just picture a nice 1910 crack-up! First came good solid earth, then a nice juicy, enthusiastic aeronaut, in the center—and on top of him came the engine, burning gasoline, and the remains of the plane. Well of course Doctor Walden lived!

After this crash, by the way, his fellow flyers put a tent over the wreck and charged 50 cents admission to see the remains (of the plane!) This fund helped liquidate Doctor Walden's hospital expenses. On leaving the hospital he went directly back into aviation and dentistry. In 1911 with the Walden IX he obtained his aviator's license, number 74, issued by the Federation Aeronautique International and the Aero Club of America. The Walden IX, by the way, was the first American monoplane to pass

these tests successfully. The IX participated in the International air meets at Brighton Beach and Saint Louis that year and actually eclipsed the performance of such other participants as Graham White, Thomas Sopworth, Eugene Ely, and George Beatty.

#### Headlines

On July 2, 1911, Doctor Walden again made the front page as a leader in aviation, for on that day the *New York American* carried a full half page ad in the Sunday edition, "THE WALDEN COMPANY—Investigate the Walden Monoplanes—the only original all American designed, built and successfully flying monoplanes—40 h.p. and 60 h.p.—aerial cars—daily demonstrations over Long Island fields . . ." Here we have the first commercial airplane advertising campaign, in a daily newspaper on a substantial scale! Doctor Walden also owned the first private hangar at the Min-eola airfield and operated one of its first flying schools.

During the World War Doctor Walden manufactured wings and controlling surfaces for the famous American Dehavilland fighting planes. The War over, he dropped flying and again took up his mouth mirror and explorer for the safer fields of dentistry. But the call of the sky was not to be silenced. His office was a combination dental office and airplane machine shop. All about the chair, unit, and laboratory were plans, blue prints, spare



parts of engines, and models of machines on which Doctor Walden was working. In his spare time he was devoting himself to the idea of safer high speed planes, capable of lower take-off and landing speeds. These developments, limited to laboratory tests, culminated in Doctor Walden's advancement to modern flying: the principles and principal features adopted in the design and construction of the now famous multi-motored clipper and transport planes—the principle of installing motors in the leading edges of the wings—which is recognized as the standard form for these planes at the present time. Patent rights on these improvements are still pending and are expected to be determined shortly.

Doctor Henry W. Walden is today in active practice at 301 West Forty-First Street, New York City. A visit to his office is well worth while. No dentist can come there

and be his guest without a feeling of pride and admiration for this fellow dental practitioner. In his work room (yes, this dentist is still active in plane designing and construction) are certificates of merit, diplomas of recognition for his early work, plans for future enterprises, and other reminders of his flying skill and knowledge. Dentistry today takes up almost all of Doctor Walden's time. A busy practice allows no time off for barnstorming, flying meets, and spectacular flights. Now he is content to leave the actual flying to the younger men. But his three sons, Richard, who is in dental school, Gerald, and James are today looking upward to the clouds, filled with the same air-mindedness and enthusiasm that made their father an outstanding flyer of his day, an inventor, a trailblazer—and a credit to his profession!

124 West 93rd Street  
New York, New York



# DENTISTS:

## *Support This Proposed Law*

by J. F. MONTAGUE, M.D.\*

FROM TIME IMMEMORIAL the "doctor's" bill has been in last place among the bills to be paid. Other things *had* to be paid—the rent must be paid; the butcher and the grocer must be paid; so, too, even the liquor bill must be paid; but not the "doctor." Dental or medical services have never seemed to be a commodity; in fact, they never seem to have any value at all *after* the tooth has been extracted or *after* the stomach ache has departed.

All this, of course, has been part of the economic struggle which the healing professions have had to meet. But we hope it's all going to be changed now and not through health insurance but through a laudable amendment in the federal income tax laws making expenses for medical care deductible items.

The paying public must have the "will to pay" their health service bills. The average person is not ungrateful but is merely inclined to determine which bill to pay on the basis of its deductibility from his income tax. It seems ludicrous, but nevertheless true, that the taxpayer in the past has been more ready to patch

up the house that he lives in (a deductible expense) than the body he lives in (not a deductible expense).

Recognizing the advantage to both the public and the profession in having *bona fide* expenditures for medical and dental care made deductible from income tax returns, The Health Guild of America formulated a plan whereby this could be accomplished. It has advocated this plan through its members, many of whom are public health officers and prominent members of women's clubs. It has, moreover, given continual expression to this thought in its official organ, *Health Digest*.

The Health Guild had prepared the basis for a bill to be introduced into Congress. There seemed to be every reason for actively pushing the plan. Conferences were held in New York and in Washington, D. C., and the support of the professions was sought. This has been generously given and excerpts describing the plan have appeared in medical journals.

With much gratification, The Health Guild has hailed the introduction into the Senate of S.2997 by Senator Homer T. Bone

\*Medical Director, New York Intestinal Sanitarium; Editor, *Health Digest*.

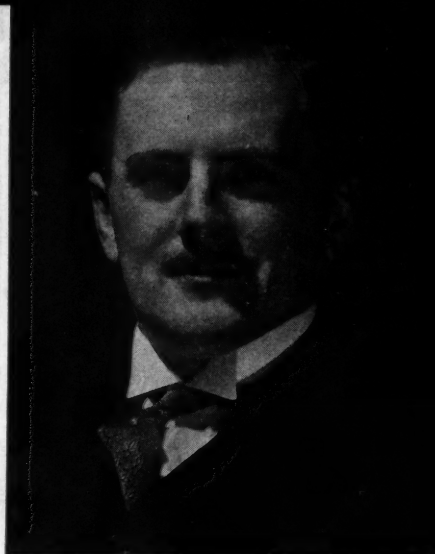
of Washington during August, 1937. This is a bill designed to allow certain credits against the income of individuals for income tax purposes. The precise reading of that section of the bill which applies to the professions is as follows:

"(5) *Credit For Medical And Dental Expenses*—Any amounts actually paid during the taxable year for medical, dental, surgical, or nursing treatment or hospitalization of the taxpayer or his spouse or any dependent for whom a credit is allowed under paragraph (2) of this subsection: Provided, That the total amount deductible under this subsection by any individual in any taxable year shall not exceed \$250."

The bill itself is a short and simple one and has only two other clauses—one pertaining to the credit for education of dependents and one for the credit for funeral expenses, both of which are reasonable provisions.

In at least one state of this Union, namely Minnesota, the wisdom of this plan has achieved actual recognition by the complete passage of such a law. People in Minnesota could not see why a farmer could deduct from his income tax veterinarian fees expended for the care of a sick horse or cow and not be permitted to deduct expenditures made in the cause of the dental health or medical care of his own family.

Doesn't it seem logical that the Government should, as a concession to any non-productive periods the taxpayer may have,

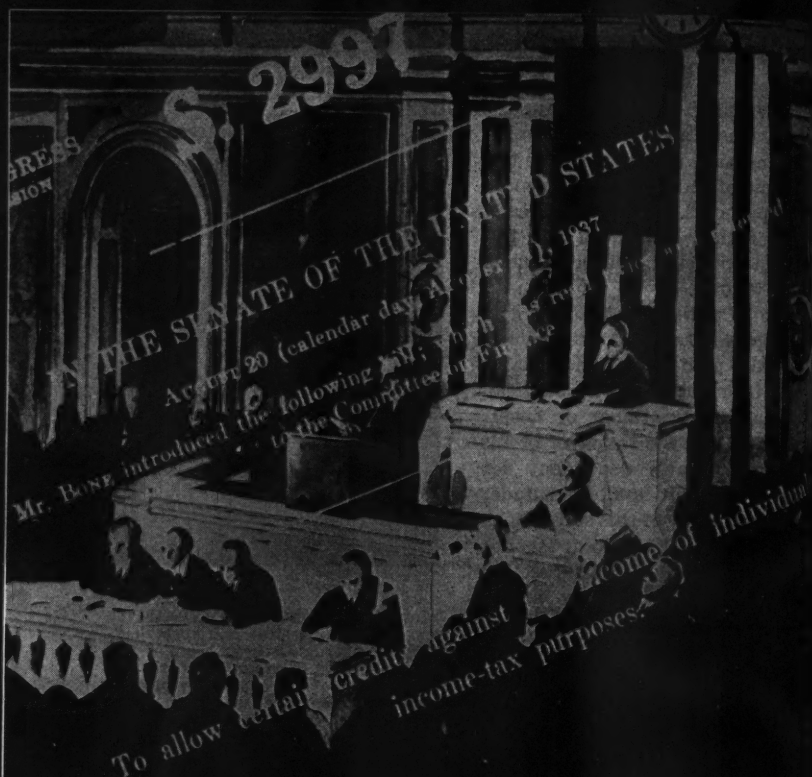


*Joseph F. Montague (M.D., 1917; New York University) is a specialist in intestinal diseases; a pioneer in the application of motion pictures in surgical education; a member of the American Medical Association and New York Medical Societies, American Association for the Advancement of Science, American Society for the Control of Cancer; served in U.S.N. and U.S.M.C., World War. Doctor Montague broadcasts radio health talks, contributes to medical journals, and is the editor-in-chief of HEALTH DIGEST.*

grant him an exemption on expenditures specifically and necessarily devoted to the maintenance of health? It is really an insurance, paid by him to guarantee, so far as possible, his continued ability to pay taxes.

The so-called "white collar worker," for instance, has a home to maintain, children to educate, and the various other items of sustenance for which to provide. With good health and continuous employment, he can meet these





1           “(5) CREDIT FOR MEDICAL AND DENTAL EX-  
 2           PENSES.—Any amounts actually paid during the taxable  
 3           year for medical, dental, surgical, or nursing treatment  
 4           or hospitalization of the taxpayer or his spouse or any  
 5           dependent for whom a credit is allowed under para-  
 6           graph (2) of this subsection: *Provided*, That the total  
 7           amount deductible under this subsection by any individual  
 8           in any taxable year shall not exceed \$250.”

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expenses; but should a period of illness intervene, this income is in most cases immediately interrupted, and besides, the expense of medical care and hospitalization is added.

If, however, despite all this expense the total amount of his income during the year has exceeded the meager amount allowed as exemption, he is immediately taxed upon this amount, regardless of the fact that he has been put to an extraordinary expense in his endeavor to maintain the income at the point where it becomes taxable.

The ordinary business man is permitted to deduct a reasonable amount for maintenance, repairs, and depreciation. Certainly the maintenance and repair of the human machine are just as important items in the tax scheme as is the maintenance of the equipment of an incorporated business. Since there are more individual income taxpayers than there are corporate taxpayers, the majority of taxpayers are being deprived of a privilege which those of the minority are enjoying.<sup>1</sup>

Naturally opponents of the bill will point out that it will have a tendency to decrease the national revenue at a time when it is sorely needed. However, we feel that they are extremely short-sighted in making any such comment because taxes are paid by taxpayers, and taxpayers pay their taxes out of incomes. To restate what I

have already said: If they are not healthy, they cannot work; if they don't work, they won't have incomes and the country won't have taxes—at least won't collect them. So The Health Guild feels that money expended in the cause of maintaining the health of the nation is definite insurance of the income of the nation, and for reasons given heretofore, feels that it *should* be a deductible item on income tax reports.

If every member of the dental and medical profession took the trouble to write immediately to his Senator or Congressman putting himself on record in favor of this bill, there would be no doubt about its speedy passage.

And let there be no question as to the benefits which would inure to both the medical and dental professions. For the first time in many years people would have dental service performed because they would feel that such an expense could be rightfully charged off on their income tax.

And here is where the "doctor" gets the break. People can't charge off something they haven't paid. In other words, the old tradition that the "doctor's" bill is the last to be paid will be completely discredited and the first one to be paid will be the "doctor's." Some of the older men in the profession will feel that they have died and are now viewing the millennium—a time when patients are actually *willing* and *eager* to pay their bills!

139 East Thirty-Sixth Street  
New York, New York

<sup>1</sup>The Health Guild of America, Health Digest 4:79 (May) 1937.

## Senator Bone Explains

# INCOME TAX BILL

(Special to Oral Hygiene)

TACOMA, WASHINGTON—My purpose in introducing bill S. 2997 is made plain by the text of the measure.

Under present income tax laws, if a man's cow is injured or becomes sick, he can deduct in his income tax return the expense of curing it. If the cow dies its value can be deducted from taxable income. The exact opposite is true in the case of the man's wife.

It is now proposed to lower exemptions and to widen the tax base to include incomes as low as \$800 a year. It is therefore highly important that we examine our income tax laws with the view of determining whether or not a man's family expenditures may not be placed in the same category as his business expenditures, since they represent an outgo against which he cannot recoup himself. The measure I have introduced provides exemptions for education of children and for medical and dental expenditures, including nursing, hospital, and maternity services. The bill also provides deductions for funeral expenses.

For a long time it has seemed to me that the deductions, which this bill contemplates, are legitimate and should be incorporated in the income tax structure of the

country in order to provide some fair and reasonable protection for incomes of the ordinary individuals who do not receive a large return from their investments or their personal efforts. Serious illness in a family quite frequently forces a man to spend almost his entire income during a year for medical expenses and the other expenses covered by this measure. The law affords no redress for this and he must pay an income tax on the money he receives regardless of the fact that it has all been paid out in meeting the vital needs of his family.

Our tax law permits deductions for expenses in conducting a business, for local taxes, for traveling expenses in his business, for losses due to bad debts, and even for gambling losses. There appears to be no logical reason why the Government should not be as generous in respect to money spent for sickness, funeral expenses and education of dependents as to money given to charities. Education makes for good citizenship and should be encouraged. It is certain that the preservation of the health of the people is something that should receive encouragement at the hands of the Federal Government.

I intend to make an aggressive effort to secure the adoption of



*Senator Homer T. Bone (right) with Senator Gerald P. Nye of North Dakota.*

this measure, which seems to have received almost universal approval. It rests upon a very substantial foundation of sound common sense.

The preservation of health is a vital thing. The ravages of cancer have become so impressive and alarming that during the last session I introduced a cancer research bill, which was passed by unanimous vote in both houses, and the Federal Government, conforming to the provisions of that bill, is launching the greatest research effort ever conducted by this Government. I think the medical profession generally will

be vitally interested in that piece of legislation.

Step by step we are trying to work out an orderly plan of handling the grave problems that society now confronts, and I am hopeful that in this very constructive work we will have the cooperation of the health agencies of the country. I hope that the readers of ORAL HYGIENE will find something of interest in the bills I have mentioned, for they very intimately touch the lives of all our people.—HOMER T. BONE, *United States Senator, 240 Federal Building, Tacoma, Washington.*

# The INCOME-TAX

## Collector's Meat

by WESTBROOK PEGLER\*

BETTER LATE THAN NEVER, Senator Bone of Washington, on the last day of congress, introduced a bill to permit income taxpayers to deduct the medical expenses of themselves and the members of their families and to charge off not more than \$250 a year for the actual expense of educating each child.

This proposal probably will come to nothing because it deals particularly with a class of citizens of no political unity, the salaried employes, who are deemed to have no rights because they are neither dirt-poor nor filthy-rich. Nevertheless, it does express an unexpected note of sympathy and for his few kind words the senator may expect a star in his crown.

The class of which I write is the tax collector's meat. These people draw salaries which are matters of plain, accessible record and their deductions and exemptions are few and small. They have neither holding companies nor incorporated yachts, they can't make loans to themselves and charge off the amortization because they haven't the money to

lend, and they have neither seventeenth century barns nor Christmas tree ranches with which to confuse the short and simple record of their earnings and disbursements from year to year.

They are allowed a deduction of \$2,500 for mama and papa and a matter of about \$1.10 a day for the support of each kid up to the age of 18 at which time the parents are expected to kick them out to become little bums if they must, while the big heart of the government enfolds the children of the great, non-taxable, ill-kept third and tries to gentle them through the difficult twilight between youth and maturity.

### How To Differentiate

I can't figure out why the son of a suburban salesman or chief clerk is supposed to be ready to get out and root, hog or die at the age of 18, while the son of an under-privileged character over beyond the tracks is deemed to be a tender shoot and the object of the nation's solicitude and special care at the same birthday and for some time after.

The internal revenue people will admit that the farmer, for all his squawking, is one of our

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most reluctant taxpayers, and that medical men and small merchants are almost equally difficult. The farmer extends his acres or his buildings or adds to his stock and calls it an outrage when the man with the brief case sharpens up his pencils and tries to show him where he owes the U. S. A. \$384.36, with accrued interest, on a profit that he picked up, but forgot to declare, two years ago.

The doc takes in an indefinite sum of twos, fives and tens and, anyway, unless he is a society doctor with a totsy number in a nurse's suit, to look up his patients' credit rating to see how sick they are, he isn't much of a hand to keep records. Just about the time he settles down of an evening to enter up 50 cents from the guy who dropped a crate on his toe, the phone rings and off he goes to deliver a bundle from heaven at the home of some prolific town character who will promise to pay him \$5 as soon as he sobers up.

### Salaried Workers the Victims

Small merchants also have a tendency to keep books on the back of a paper bag, but the man who gets a certain amount every week and has no problems of buying and selling, spoiled stock, depreciation, bad debts and interest with which to play parlor tricks on the agents is the one who has no alternative but to toss his money over the transom and walk on by.

Yet his health and the health



New York World-Telegram

### WESTBROOK PEGLER

of his family are items of very heavy expense, particularly if he is in good pay, as he usually is, being subject to garnishee.

As Senator Bone pointed out, the honest hayshaker may deduct from his taxable income the money paid a veterinary to attend his cow in her most solemn hour and further deduct the price, on the hoof, if she vanish into the shadow.

But the subject of our little essay may not subtract the cost of contributing another little American to the land he loves nor the price of his funeral in case of disaster. His own health is absolutely necessary in his circumstances, for without it he loses his earning power and his family goes on the town for quarters, heat and rations at a dead loss to the government. But he isn't allowed to deduct as operating expense the cost of keeping himself in shape to scuffle for the pay

(Continued on page 1493)



# LET'S CHART OUR COURSE

by J. P. LEONARD, D.D.S.

DENTISTS HAVE BEEN inclined for a good many years to think of the keeping of dental records as their own personal problem—something done primarily for their own convenience and that of their patients. Until recently few have given much thought to the idea that accurate dental records may be of great significance and value outside of the dental profession.

That is why an address given before the Chicago Dental Society on the importance of dental records in crime detection was of unusual importance to the dental profession. Mr. W. H. Drane Lester, Inspector, Federal Bureau of Investigation, told more than 3000 dentists what he thought about the subject of "Modern Scientific Crime Detection and the Dental Profession."

The dentists in attendance were deeply impressed with the important points developed by Mr. Lester. It is regrettable that this timely address was never given adequate space in current dental publications. It was a valuable contribution to modern dental thought and might have helped advance the interests of modern dentistry more than some of the others. Of course, that's only one man's opinion.

Today, in the dental profession we need to embrace some new and modern thoughts; especially those that will benefit our profession at large.

Permit me to quote from Mr. Lester's address. I feel sure you will agree he had something important to say to all of us.

"Identification by means of the teeth is probably one of the most permanent and non-destructible means of identification known to science today. In innumerable accident cases and in many criminal cases, individuals have been identified by their teeth or dental work long after other recognized marks of identification have been completely obliterated . . . Mr. John Edgar Hoover, Director, and other officials and experts of the Federal Bureau of Investigation, are firmly of the belief that *forensic dentistry will become more and more important.*

"Identification by teeth is very similar to identification by fingerprints, that is to say, *it is simply an exact system of comparison and elimination.* It is obviously necessary to have some chart or record for purposes of comparison if such a system of identification is to be useful on a national scale . . . It strikes me



that it is entirely possible for every dentist to keep careful records or charts on every one of his patients. It is imperative that such charts or records should never be destroyed.

"When a patient moves or ceases to visit a particular dentist, the dental records of this patient should not be destroyed but carefully preserved by placing them in your inactive records, just as we do at the present time with the fingerprint records of dead individuals.

"It is entirely possible that your dental associations could work out some *recognized standardized system* of recording and indexing dental charts or records which would mean, in effect, that practically every dentist in this country would record or chart certain descriptive dental data of his own patients in substantially the same manner as other dentists throughout the country.

"Such a standardized system of recording would naturally have to be worked out by members of your profession who are experts in this particular line and not by experts of the Federal Bureau of Investigation who are unacquainted from a practical standpoint with the workings of the dental science . . . Such dental charts or records would be of tremendous help and value in accident cases, as well as in criminological work."

These and other salient points were presented by Mr. Lester in such a finished manner that few dentists in the audience realized, until later, that the address it-

self was actually intended as a polite and friendly hint of what the Federal Bureau of Investigation expected from organized dentistry in the way of wholehearted cooperation.

Now, the objective of our profession should be to move sanely and quickly toward justifying the faith of the Federal Bureau of Investigation in the alertness and resourcefulness of dentistry's modest disciples. This will mean a decided housecleaning in your office and mine!

Permit me to quote Mr. Lester once more to emphasize his plea that something definite should be done. He put it this way:

"If dental records or charts were *standardized* by the members of the dental profession, it might be possible eventually to place a 'stop order' or 'wanted notice' with dentists, just as we place them in our fingerprint files today, with the result that *public spirited dentists* of this country might be able to assist the law enforcement authorities still further in the apprehension of criminals . . . if a standardized method of recording and charting dental data was mapped out and *adopted* by the majority of dentists in this country."

#### Way Back When-Versus-Today

"Overhead" never bothered our dental pioneers. They were simple, honest persons content with their lot and not belabored with a galloping ambition for social recognition and economic free-

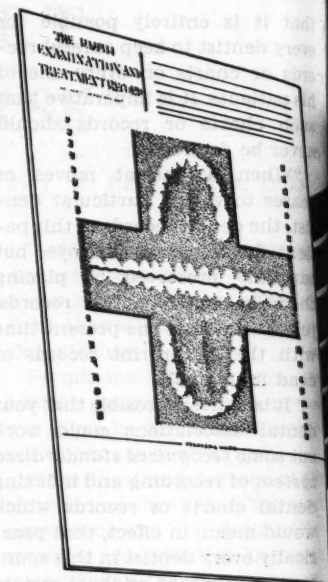
dom. Their equipment consisted chiefly of a hand drill, a mallet, and forceps, in the good old days. Records were kept (sometimes) on the blank pages of almanacs or written on the sands of time. Everybody was honest, nobody worried about tomorrow or thought about yesterday.

Today, the modern dentist knows "overhead" as a daily tyrant. It haunts him in his sleep and worries him when he's awake. To survive nowadays, the dentist has to purchase elaborate and expensive equipment, maintain an outward appearance of financial stability, and therefore should employ every means at his command to successfully keep an accounting of actual work accomplished.

If you would take the time to check over the many different dental recording devices, which clutter up the commercial market, you would be amazed at the conglomeration of ideas which have been foisted on the dental profession in the name of simplified efficiency!

There is not sufficient space here to mention them in detail. Nor would such a ramification from the subject accomplish any definite good. It will be better for us all if such rancid statistics are omitted.

For example: Most of the charts employ comical shapes representing the dental anatomy in every way possible but without any elaborate attempt at accuracy. They must have been sketched by a cubist, or some in-



dividual with the palsy and blurred bifocals.

Some of the charts number the teeth from the third molar forward to the central incisor; some start at the central incisor and travel back to the third molar; others start at odd corners of the dental arch and wander off in all directions.

These statements will be read by many dentists with radically different and mixed emotions. Some will nod their head in approval and sigh deeply; others may snort and disapprove. Perhaps they are loath to admit any faults in their method of charting.

Every dentist keeps records. (I hope so, at least.)

Accuracy in Dental Office



Hospital Case History



Army, Navy, and Marine Records



Insurance Medical Examination



Identification of Amnesia Victims



Identification of the Dead

It is only natural for every man to believe his methods are the best possible. To avoid argument, I will agree that all dentists keep records which they will swear by.

However, this is a different matter. Nobody is to be blamed for the assorted methods used in the past, but, for the sake of unity and the future good of dentistry, we all need to get together and demonstrate that we can agree on a few universal items of practice.

### The Value Of Records

Dental practitioners have many things in common; that is, they understand intricate dental anatomy and strive to improve their economic position through application of this technical knowledge.

Dental practitioners differ widely in the use of many technical procedures, yet are able to produce favorable results, in most instances, which amaze the patient and glorify the dentist. Understanding these things, therefore, we, as dental practitioners should attach more importance to the keeping of accurate and uniform records.

After all, each one of us is best able to decide the technical procedure necessary in each case so that the most satisfactory results can be obtained. We, alone, are in the best position to understand all the intricate details of each dental operation for which we are responsible. However, the actual charting of these services does not need to differ much from

similar operations charted by intelligent dental operators in other parts of the country.

To forestall future annoyance, the dental profession should adopt a universal standardized system of charting important dental data, and file these charts with a cross index to distinguish them according to classification and name.

Complete dental records are often invaluable to the busy practitioner in many ways. Some patients do not realize what surfaces of teeth are involved, nor do they understand definitely which teeth have been restored by you, and which have been "worked on" by someone else. Usually they blame the last dentist they consulted for everything unpleasant that occurs later. He is accused of poor dentistry and his only defense will be *clear cut charts* and accurate recordings to prove his freedom from guilt in the case under discussion.

### Avoid Malpractice Suits

Disgruntled patients sometimes resort to unscrupulous methods to avoid paying for your services. Yes—and though it is an ugly word—they may even go so far as to charge you with "malpractice." You have to take precautions in advance and have in your possession reliable records to protect yourself from any of these trumped-up charges of negligence. The carefully filled out record sheet is your best ally against unscrupulous attack.

On the other hand, the den-

tist who charts his examinations accurately and keeps careful records of every patient will likely impress his patients with his care and precision to the extent that he will be given their full confidence, and in cases of hair-line disputes his reputation for being careful will prevail against their rash judgment in bringing suit.

Eventually, accurate dental charts and records will be recognized more and more by the laity as furnishing a valuable method of identification in cases of unknown dead in wartime and the hapless victims of civilian catastrophies in peace time.

When this time arrives, (and it is not far away now) it must not find us apathetic or dental prestige will suffer a severe decline.

Modern organized dentistry can, and should, strive nobly for specific improvements. It will require some extra effort from all of us. However, the final results will be beneficial to everyone.

Let's get busy and agree on a simple, standardized, easily understood examination chart. Then let's all use this record form to chart our course.

703 Union Building  
Davenport, Iowa

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## THE INCOME TAX COLLECTOR'S MEAT

(Continued from page 1487)

check without which he could pay no tax at all.

The education of his kids is supposed to be the business of the community to which he pays school taxes, but what with graft, neglect, bad planning and all, he will take it on himself to give them a few little extra licks in a pay school if he can possibly

manage. He gets no allowance for their education at any time unless some genius in the treasury has figured out a way to educate, house, feed, clothe and doctor a kid and buy him an occasional ball-bat or pair of skates on a fraction of a cent over \$1.09 a day.

Our subject is the patsy of the whole income tax system.

# *The Dentist's* OWN DIET

HOW MANY TIMES a day do you urge your patients to cooperate with you in developing healthy dentition by selecting a more nutritive diet? Probably many more than you can remember. You talk glibly, informatively, convincingly. Your patients are impressed—so impressed, in fact, that they never think to ask if *you* follow the balanced diet about which you are so enthusiastic. That's why you can keep on giving advice with that assured, comfortable feeling. You know that not one of your trusting patients is ever going to check up on your own dietary habits. What a surprise one of them would get if he followed you to your favorite restaurant after you had given a particularly persuasive lecture on the diet problem! He would be almost certain to see you select each item on the menu because you like the way it tastes, not because it is healthful. Most of the dishes you choose would probably be made from highly refined products and fats, well seasoned and finished off by a highly sweetened dessert. At the end of the meal you would doubtless have absorbed sufficient calories to give you a temporary feeling of well-being. Your appetite would be satisfied. But you would, nevertheless, be the victim of

what Doctor H. C. Sherman<sup>1</sup> calls "hidden hunger." Your meal did not give you sufficient nourishment because the foods you selected were low in mineral and vitamin content.

There isn't much doubt that all dentists know much more about diet than they apply to themselves, which also seems to be true of other persons. Doctor Nina Simmonds<sup>1</sup> in a recent article points out that a detailed study of over 450 dietary histories convinced her that the person whose diet contained a liberal amount of all dietary factors was the exception rather than the rule. A current report from the U. S. Bureau of Home Economics indicates that one family in every four in the United States subsists on an inadequate diet. In other words, malnutrition is appallingly common in this country.<sup>2</sup>

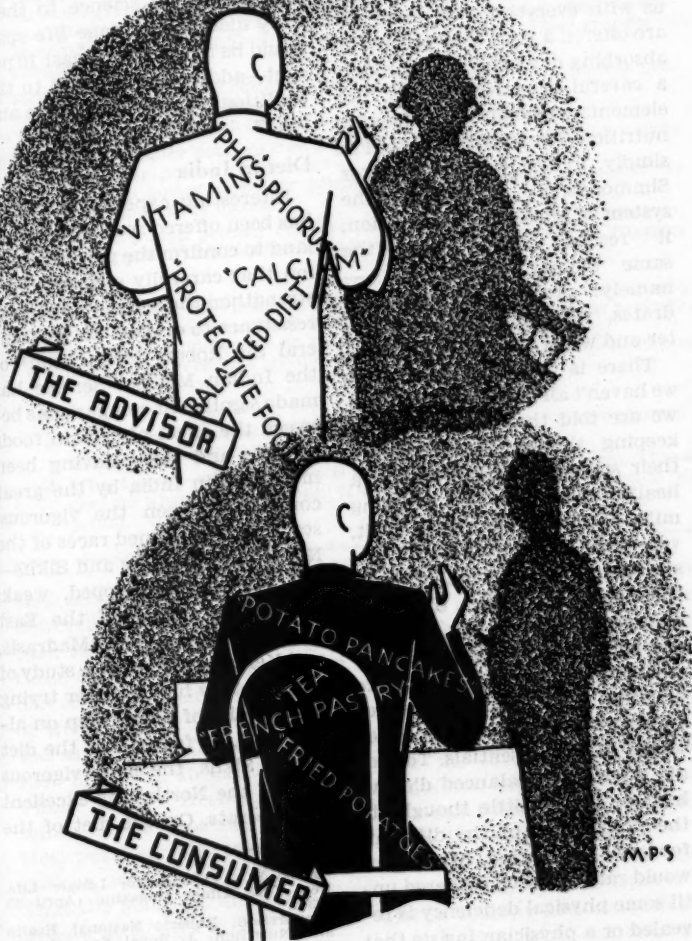
Perhaps one reason for this indifference is because the basic facts about diet are not startling or spectacular. They have been evolved by slow, studious research in dozens of laboratories throughout the world. They are discour-

<sup>1</sup>Simmonds, Nina: Nutrition, One Factor in the Health Program, J. A. D. Hyg. A. 2:4 (July) 1936.

<sup>2</sup>U. S. Department of Agriculture, Agricultural Situation, (June 1 and July 1) 1937.



# The Dentist is Two People When it Comes to Diet





aging to food fadists: they show clearly that no one food is indispensable for adequate nutrition. Essential dietary factors, according to these laboratory reports, are available in a number of different forms. Instead of some magic food that will supply us with everything we need, we are offered a long, slow process of absorbing day after day, through a careful selective process, the elements we require for adequate nutrition. The nutritionists tell us simply, in the words of Doctor Simmonds, "... regardless of the system of diet under discussion, it resolves itself into the same dietary constituents — namely: protein, fat, carbohydrates, vitamins, mineral matter and water."<sup>1</sup>

There is nothing in this that we haven't all heard before. When we are told that we can aid in keeping the gums, teeth, and their supporting structures in a healthy condition by drinking milk, eating cheese, fresh fruit, vegetables, and meat, we will insist that we are now including all these foods in our diet. Undoubtedly we are, but *not in the proportions indicated by recent, scientific investigations*. The intake of these foods each day is not sufficient to supply an abundance of the dietary essentials. To create a correctly balanced diet we have to give a little thought to the proportions of the different foods we are eating. Most of us would rather not be bothered until some physical deficiency is revealed or a physician insists that

we must correct our inadequate diet. Yet Doctor Henry C. Sherman, Professor of chemistry at Columbia University, is of the opinion that "If the people with the knowledge, purchasing power and desire to do so would apply the findings of science to their daily diet, the average life span would be increased at least 10 per cent—adding seven years to the traditional age of threescore and ten."<sup>3</sup>

### Diet in India

Interesting experimental data has been offered recently in England to confirm the general opinion that carefully selected foods strengthen the body and increase resistance to disease. Major General Sir Robert McCarrison<sup>4</sup> of the Indian Medical Service has made significant comparisons between the effect of certain foods on rats and men. Having been impressed in India by the great contrast between the vigorous, stalwart, determined races of the North—the Pathans and Sikhs—and the underdeveloped, weak, vascillating people of the East and South—Bengalis, Madrasis, and Kenarese, he made a study of their dietary habits. After trying out the diet of each group on albino rats, he found that the diet of the Sikhs, the most vigorous race of the North, was excellent for the rats. On the diet of the

<sup>1</sup>Davis, H. J.: Foods for Longer Life, New York Times Magazine (April 25, 1937).

<sup>4</sup>McCarrison, Robert: National Health and Nutrition, J. Royal Soc. of Arts 84:1087-1094.

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**EACH ADULT SHOULD TAKE DAILY:**

- 1 (8 ounce) glass of milk (in addition to milk used in cooking.)  
(A measuring cup holds 8 ounces—a pint of milk contains two 8 ounce glasses.)
- 1 to 2 eggs (5 times a week, besides those used in cooking.)
- 1 (8 ounce) glass of orange juice (or tomato juice): however, if apples, bananas, grapefruit, pineapple (fresh or canned), cabbage, lettuce, tomatoes (fresh or canned) or other fresh fruits or vegetables are readily available and are used DAILY, of course, it is not necessary to buy oranges or tomato juice.\*\*
- 1 serving of meat, fish, or cottage cheese or other protein food, such as peas or the various kinds of beans.
- $\frac{1}{2}$  ounce of cheese (this is a serving about the size of a walnut.)
- 2 vegetables (besides potatoes) or 2 servings of the same vegetable (especially green and yellow vegetables.)  
Bread, rolls, butter (or butter substitute) and other foods to make interesting and appetizing menus.
- 1 teaspoon of a high potency cod liver oil or its equivalent in Vitamin D; this also supplies Vitamin A; or other preparations to supply extra Vitamins A and D.

\*\*It is not necessary that the fruit or fruit juice be taken with breakfast—any time during the day is entirely satisfactory. Dried fruits, such as apricots, prunes, peaches and figs are an excellent addition to any diet. When whole grain cereals are not used, vitamin B can be increased in one of the following ways:

1. Whole grain breads.
2. Yeast tablets, such as those put on the market by the various pharmaceutical houses (6 to 10 per day.)
3. Wheat germ—wheat embryo is another name for wheat germ. This is cheaper when bought in bulk; it should not cost more than 30 cents per pound.

Madrasis of the South and East, however, the rats grew to less than two-thirds of the weight of those fed on the more nutritious diet of the Northerners. This diet of the Sikhs Sir Robert decided was as nearly ideal as that of any race on earth. It was based on whole wheat, freshly ground; milk and its products: vegetables, peas, carrots, cabbage, tomatoes, roots, and fresh meat. That the Madrasis are sickly Sir Robert attributes largely to the fact that they are satisfied to live

on rice soaked and polished until most of the vitamins and minerals have been removed; take little milk; scarcely any fruit or vegetables; little meat; coffee with sugar and a little milk; and chew the betel nut.

In the face of these experiments and much more evidence that has been accumulating for years in laboratories, there is scarcely anyone who can seriously question the importance of diet in building and maintaining good health. Most dentists be-

lieve too, that the condition of the teeth, gums, and their supporting structures may be an important index to the general health. Why then is there so much indifference among dentists to the question of their own diets? Perhaps their attitude may be traced to the fact that the evidence showing the effect of diet on the teeth and gums is not conclusive and often contradictory. But this is no reason for dismissing the entire subject as not worth serious attention. If dentists wish to be scientific and experimental minded, they ought to be willing to search for basic facts even to the extent of experimentation with their own diets.

Doctor Simmonds<sup>1</sup> emphasized the responsibility of dentists when she made this comment:

"The present view on the relation of diet to tooth decay and gum disorders is that in many instances these should be looked upon as a deficiency disease which undoubtedly could have been prevented in many cases by a diet which supplied an abundance of calcium and phosphorus foods and also generous amounts of vitamins A, C, and D." In the same statement Doctor Simmonds also warns against laying the whole responsibility on the diet. She reminds dentists that they should always consider it as only one factor in the development of healthy dentition. Heredity, endocrine disturbances, systemic disorders, mouth hygiene, and developmental habits must all be taken into consider-

ation in getting a complete picture of the dental problem.

### Foundation Diet

As a guide to those dentists who are really interested in experimenting with the improvement in their own diet, we are offering on page 1497 a foundation diet, suggested by Doctor Simmonds,<sup>1</sup> for those accustomed to following the general diet system of this country. It is, of course, not applicable to other racial systems. From this suggested diet it is possible to create an endless variety of menus according to individual tastes. It might be well for dentists to compare their own diets with this list and note deficiencies of perhaps several years' standing.

The diet, as outlined, calls for amounts of food that provide about 1500 calories. Those who require 2500 calories may select the additional 1000 from foods that they particularly like, because a sufficient amount of the protective foods is carried in the suggested diet. The time honored warning to include more dairy products, fruits, vegetables, and meats is still important, according to Doctor Simmonds. Because it has been repeated so often we are tired of it is not sufficient reason for disregarding it. Excessively sweetened foods and rich salad dressings are also to be avoided by those who attempt to base their diets on the newer knowledge of nutrition. Despite the fact that their need for sugar is much less, Americans today eat

ten times as much sugar as they did a century ago, and it is of the refined variety that furnishes calories without supplying either vitamins or minerals.

Although a dentist, as well as any other person, can continue in apparent good health for many years on a deficiency diet, the body's constant efforts to adjust itself to this inadequate food intake may eventually show up in some part of the body in the form of deficiencies of the teeth or

some important organ. A little re-education and considerable determination to see that his system is well nourished will contribute to the health and efficiency of every dentist. Meanwhile, an intelligent interest in this study of diet, which offers wide opportunities for research, should be fostered throughout the profession. But it should be an interest based on personal experimentation by the dentist himself.

### THE HEALTH OF THE WORLD IS ANALYZED

IN A REVEALING document Doctor Victor Heiser, author of *AN AMERICAN DOCTOR'S ODYSSEY*, has presented some interesting developments in the health activities of the League of Nations. He points out in a bulletin<sup>1</sup> published this year that the Health Organization of the League of Nations acts more as a clearing house to bring together international groups competent to deal with a particular problem than as a superhealth agency. Singularly free from many of the difficulties that have hampered other activities of the League, the Health Organization has been able to work effectively toward the following objectives:

The control of epidemics and other diseases and the collection and dissemination of epidemiologic data; standardization of serums and biologic products; unification of health statistics; publication of health information; interchanges of health officers; cooperation with other League of Nations groups and international organizations; and technical cooperation with health administrations of various countries.

Especially noteworthy work has been done, according to Doctor Heiser, by the Health Organization in cooperating with other international organizations and various league commissions on the control of the opium traffic, transit and economics, and with the Red Cross, the International Labor Office, and the Pan-American Sanitary Bureau. The importance of the league's work in supplying technical cooperation with the health administrations of various countries is indicated by the fact that China, Greece, and Bolivia all made requests in the same year for cooperation in the reorganization of their health services. Among the leading committees of the health organization are those on infant welfare, cancer, plague and sleeping sickness.

<sup>1</sup>Heiser, Victor: *Millions of Patients: What the League is Doing for the World's Health*, League of Nations Association, Mid-West Office, Chicago, 1937.

# "THE DENTIST SAYS"

## *in Indiana, Peoria, and Florida*

by GEORGE WOOD CLAPP, D.D.S.

INDIANA, UNDER THE lead of Doctor Mary H. Westfall; Peoria, Illinois, under the lead of Doctor C. Carroll Smith; and Florida, under Doctor E. C. Geiger, are developing some of the best organized and most complete programs of public dental health education in the United States.

Doctor Westfall has planned to attack dental indifference and ignorance on four fronts: the school, the radio, the newspaper, the dental office.

Let us study the Indiana Plan first and begin with front Number 1, the public schools. Last January, after examination and preliminary trial, the printed lessons from "The Dentist Says" were introduced into more than 3,000 rooms, one lesson per week for 13 weeks, to a weekly audience of more than 100,000 pupils. The Bureau of Maternal and Child Health of the Indiana State Board of Health paid part of the expense.

At the close of the 13 weeks Doctor Westfall addressed a questionnaire to the principals of those schools, asking how they liked the lessons and whether they wanted them this fall. The replies were prompt and decisive.

They liked them and they wanted them again. Many of the teachers had used the lessons just as they were intended to be used; that is, as the basis for activity programs, and wrote that they had worked out what they called "beautiful programs," productive of a high degree of pupil-interest in the subject of dental health. So "The Dentist Says" is going back into the schools, this time for 26 weeks and a total of 2,600,000 lessons, counting one lesson a week for each pupil.

The reports from teachers were so favorable that Doctor Westfall felt she was ready to begin to attack her problem on the other fronts. She knew that many of the children carried the story of the lessons and something from the lessons themselves into their homes and aroused parent-interest. She wanted the mothers to hear these lessons themselves in addition to the Thursday lessons, which are for parents. If this could happen, mothers would have a much better understanding of what the schools are trying to do for the children, and of what they, as parents, can do to help get their children ready for school and for life.

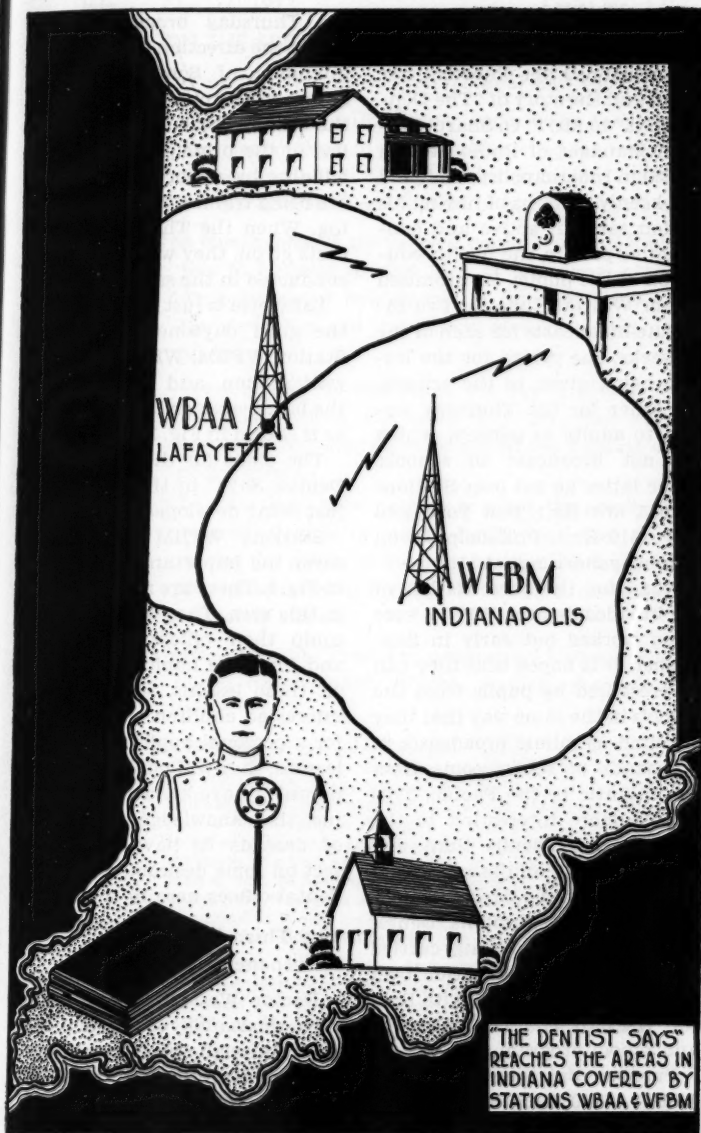


Fig. 1



### The Second Front—The Radio

She outlined her objective, her plans, and the story of "The Dentist Says" to Mr. F. O. Sharp, Program Manager of Radio Station WFBM in Indianapolis, and found him keenly desirous of having his station take an active and constructive part in the health education of the public. He promised Doctor Westfall time for two 15-minute broadcasts for each of the 26 weeks, one period for the lessons being given in the schools, the other for the Thursday lessons to adults as parents, which are not broadcast to schools. These latter go out over Stations WMCA (570 Kc.), New York, and WIP (610 Kc.), Philadelphia, on Thursday mornings at 11.

Plans for the presentation of the broadcasts over WFBM were being worked out early in September. It is hoped that they can be presented by pupils from the schools in the same way that they are used as mimic broadcasts in thousands of schoolrooms from the Atlantic to the Pacific. This will be more interesting to the parents and friends than any presentation by adults and should attract and hold a large audience.

The Lafayette, Indiana, Dental Society, which has long carried on public dental education over the radio, has perfected with Doctor Westfall an excellent radio and school program.

Purdue University station, WBAA (1400 Kc.), at Lafayette, will carry the Tuesday Broadcasts now and may, a little later, carry

the Thursday broadcasts also. Under the direction of the Superintendent of Schools the programs will be put on the air from the studio which Station WBAA has in the principal high school building by senior students, who are being trained in public speaking. When the Thursday broadcasts go on, they will probably be conducted in the same manner.

Lafayette is just on the edge of the good daytime coverage by Station WFBM. WBAA is a 1000-watt station, and it will extend the battle area on the radio front as is shown in Fig. 1.

The plans for the use of "The Dentist Says" in the schools are just being developed.

Stations WFBM and WBAA cover the important area shown in Fig. 1. There are many dentists in this area. They will be wise to equip their offices with radios and form the habit of tuning in on these lessons, so that when interested children or adults ask for a personal application of the lessons, they will not be found ignorant. I have known the lack of just that knowledge on the part of dentists to have a bad effect on some desirable visitors to dental offices here in the East.

### The Third Front—The Newspapers

Doctor Westfall hopes to get into thousands of homes each week, through one or more newspapers, carefully prepared and copyrighted summaries of the lessons which the children are hearing in the schools and adults are



**Date** Oct. 26, 1937 **Serial No.** 171

**Title** ON THE EDGE OF THE WILDERNESS

**Topic** Posture, as affected by general vigor and health.

**Outline** **Factual material.**—Dr. Price's opportunity to study the fundamentals of good health among the Indians of South Central Canada, almost directly north of Minneapolis. The influence of health on posture.

**The human-interest story.**—We begin a series of letters to Nanette to give Mrs. H facts from other explorers about how people in different parts of the world live and the effects of living habits on health.

We also tell Nanette about the boys and girls in the Indian school, how Indian girls carry their dolls and what happened to an American boy because of poor posture.

**Aim** To show that poor posture is often the result of lowered physical or mental health, and that correcting the causes of the poor health often leads to spontaneous correction of the posture or makes correction easier.

**Correlates with**—Activities Program: geography, history, aboriginal travel, health, English, reading, dramatics, art.

**The historical background.**—Champlain helped the Algonquins, of whom the Ojibways were one tribe, against the Iroquois, but the Iroquois finally became the stronger and drove the Ojibways from their ancestral home near Montreal. They fled to the location in this story. There are now an important trading post and an Indian school near Sioux Lookout. To the north is a vast area abounding in game and fish. The Indians may be divided into three groups, those who live at the post, those who are in frequent contact with it, those who come to it only once a year. The health of the groups improves as their distance from the post increases.

**The professional background.**—An unclean mouth, decayed or abscessed teeth, and foods that do not sufficiently nourish the body are among the most frequent and easily correctible of the causes of lowered vitality and poor posture.

Thurs., Oct. 28—"Of What Form Is Your Face?" (Part II)—  
Serial No. 172. (See footnote, page 3.)

hearing over the radio. She can offer the papers the inducement that the interest of the pupils will open to the paper carrying the summaries thousands of homes which have previously been closed to it. Plans for these are being worked out.

### The Fourth Front—The Dental Office

This attack must be made by practicing dentists. If each of us cannot fight for public esteem for his profession, we have no right to expect others to fight for us.

Every dentist should have Volume VI of "The Dentist Says" on his reception room table and should call it to the attention of visitors to his office. It contains the printed lessons that are being used in the schools, over the radio and, if possible, in the newspapers. He should be thoroughly familiar with those lessons. What are people, who are inspired by school, radio, or paper to visit dental offices, going to think if they find that dentists know little or nothing of what is going on? They will react as you and I would and the more desirable they are, the more likely they are to shake the dust of that office from their feet.

There can be no objection by dentists to Volume VI on the basis of cost. It is priced at about half the cost of production.

### Finances in Indiana

All this forms the nearly perfect set-up. There are some un-

avoidable expenses. When these had been pared to the irreducible minimum for Indiana, \$780 was necessary, \$390 for postage and \$390 to cover the cost of printing 26,000 lessons and the envelopes. That leaves all the production and handling costs, which are about twice that sum, to be met out of my budget.

Three groups have joined to provide the \$780 Doctor Westfall needed; the Bureau of Maternal and Child Health, the Indiana State Dental Association and four dental dealers—T. M. Crutcher Dental Depot at Indianapolis, Fort Wayne Dental Depot, The Ransom & Randolph Company, and White-Rafert Company at Terre Haute. No commercial capital will be made of his cooperation by any dealer.

### The Peoria Plan

Important changes have just taken place in the dental educational set-up in Peoria. Doctor C. Carroll Smith has been withdrawn from service in the Infirmary and made Director of Dental Health Education in the public schools.

Under Doctor Smith's inspiration "The Dentist Says" was given a thorough trial last year by two teachers of outstanding ability. After a year's experience with the program Doctor Smith reported to the Board of Education that "The Dentist Says" is the most effective form of dental health education in schools that he has found in 19 years of experience. The Board has ordered 720 copies



### *The Gob's Button*

per week for use in 72 rooms in the elementary schools.

The Peoria Plan in the schools differs from the Indiana Plan in that 10 copies per room per week are considered the minimum desirable number. They are used with great success as mimic broadcasts.

Doctor Smith will attack on two of the other fronts, the radio and the papers, when time permits the formulation of plans.

### *The Florida Plan*

Doctor E. C. Geiger, Director, Bureau of Dental Health, Florida State Board of Health, plans to use "The Dentist Says" in nearly 2,000 schoolrooms during this school year. A practicing dentist in each county will be appointed Chairman of Dental Health Education for the county and will cooperate with the Bureau. He will form a committee of voluntary associates from his local society. These committees will enable the Bureau to keep a sensitive finger on the pulse of local reaction and interest. A dentist from the Bureau will take to each county committee a program of intensive dental health education, including inspections and classroom

talks. The dental inspection blank Honor Roll system will be used.

Doctor Geiger writes: "Since the purpose of all this is to create a desire in the minds of pupils for physical self-correction, 'The Dentist Says,' which is a constant and consistent program over a considerable portion of the school year, is a most vital supplement to all these other efforts. The subsequent dental certificates will reflect a cross-section of the results of the interest which has been aroused. By all these means, working together, a real preventive program has been inaugurated."

### *Valuable Aid for Teachers*

With the aid of the teacher-members of the Reference Board behind "The Dentist Says," which numbers about 20 scientists, most of them famous, we have prepared something which is, so far as we know, entirely new in dental health education. It is called *The Plan Book Of "The Dentist Says."* Similar plan books in other subjects are familiar to teachers in many states.





The Plan Book not only gives the titles of the lessons for the first 13 weeks, so that the teacher can see her work far in advance, but breaks each Tuesday lesson down into its important components and correlations, as is shown in Fig. 2.

It also furnishes the teacher with professional information that it might not be easy for her to assemble. A similar Plan Book will be published in January. Any dentist may have a copy of the Plan Book for a five-cent stamp.

### The Viking Fleet

Some of the pupils who want to live up to good health rules find it difficult to do so individually in the face of the criticism or smiles of their fellow pupils. They have asked for a Health Club, which many might join, so that they may have the moral support of companionship in their own room and in other schools.

To meet these requests, we have formed the Viking Fleet, with badges and a Crew List for the schoolroom wall. Any classroom may organize itself into a ship in

the Fleet, select its own name and make its own rules. It may elect or the teacher may appoint a Captain and a Commander, preferably from among pupils with good teeth. These officers should be changed frequently to give all pupils a chance at the offices.

A member of a crew is a Gob until he *begins* to have his dental work done. For 5 cents he may have a Gob's button like that shown here without a ribbon. When he begins his dental work, he becomes a Midshipman and, for 5 cents, may have a Midshipman's ribbon to complete his badge. When his dental work is completed, he becomes a Lieutenant and, for 5 cents may have a Lieutenant's ribbon to add to his button to complete his badge. These prices cover only the cost of the buttons and ribbons, with postage.

Probably by the time this article appears in print these lessons will be in consecutive use by a quarter of a million pupils for 26 weeks a school year. In many communities there will be good radio support.





If half the dentists of the country would take an active interest, we could have a million children a week listening in and 40 or 50 radio programs. The printed lessons are copyrighted and all rights are reserved. No permission will be given for them to go out "cold" over the radio in communities where an audience has not been prepared by preliminary work in the schools. Few things are less effective than "cold" dental broadcasts. They draw small audiences, and they usually discourage everyone who makes the effort.

Any dentist may obtain from me, on request, and by enclosing postage, sample printed lessons

and the Plan Book with which to interest the school officials of his community. He need have no fear of being unethical in doing this, since he cannot possibly benefit himself to the exclusion of other dentists in the community and, once he has interested the school, he disappears from the scene.

If he is willing to invest a few dollars in the dental education of the children in his community, he can, for a small sum, help to begin the dental education of from 300 to 700 children a week for 26 weeks in the school year.

The budget for the production costs is given by a dental manufacturer whose name and product are never mentioned. Nothing is advertised or for sale, and no sponsors are announced. This donation is a contribution to the welfare of the dental profession as a whole. It is the nearest approach to working altruism that I have met in a fairly long and active life.

What we will do with this opportunity is up to us!

220 West Forty-Second Street  
New York, New York

# Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO  
ARGUE FREELY ACCORDING TO MY CONSCIENCE  
ABOVE ALL LIBERTIES. *John Milton*

## THIS BILL NEEDS YOUR ATTENTION.

AT THE LAST SESSION of the Congress Senator Homer T. Bone of Washington introduced in the Senate a bill to amend the federal income tax laws by allowing a deduction of \$250 a year for money spent for medical care including dentistry. The bill, S.2997 was referred to the Committee on Finance. No action was taken before adjournment.

The present federal income tax laws provide for the exclusion of certain items in the computation of gross income. For example, money received as alimony, as the beneficiary under a life insurance policy, as a loan, does not represent gross income. The law also provides for allowable deductions of a fixed nature: an exemption of \$2500 for the head of a family and \$400 for each dependent person. Under the present law no allowance is made for any personal or living expense, including money spent for medical care. The bill of Senator Bone would change this to allow:

"Credit for medical and dental expenses—Any amounts actually paid during the taxable year for medical, dental, surgical, or nursing treatment or hospitalization of the taxpayer or his spouse or any dependent for whom a credit is allowed under paragraph (2) of this subsection: *Provided*, That the total amount deductible under this subsection by any individual in any taxable year shall not exceed \$250."

There is a sound philosophy underlying this bill. Senator Bone, Doctor Montague, and Mr. Pegler express it in their articles in this issue. The bill represents an attempt to do something for the substantial, wage and salary earner who is the "forgotten man" in most legislation. If the federal government were to recognize the importance of health by making payments for health preservation and recovery preferred items of family expense, it should certainly encourage people to seek treatment. If we were able to say to our patients, "Your government is solicitous enough about your health to permit you to deduct the money spent for this dental treatment from your income tax pay-



ment," the impression should be strong enough to stimulate people to accept necessary treatment. The impetus of such a law would do more to increase dental practice than anything I can suggest.

Although the actual money saving to a taxpayer in this proposed allowable deduction, figuring the normal tax rate as 4 per cent, would be only \$10.00 a year, the effect on patients would be out of all proportion to the actual money saving. It is the recognition by the government and the people of the importance of this expense item that is significant. Over the long period the government would not lose money. The longer the life of a taxpayer is extended, the higher his earning level is maintained, the more taxes he pays. If early disability and death can be prevented by modern medical care, the government should be willing to make some concessions to prolong the life of the taxpayer. That is good business! If we believe that modern preventive and therapeutic measures can do this we should be willing to support such legislation.

Certain parts of the present bill need revisions in the direction of explicitness. It is not plain whether the \$250 deduction is for the taxpayer alone or for the taxpayer and his family. A yearly deduction in this amount for a single person is considerable; for a family of ten it would be spread pretty thin. Money spent for self medication with patent medicines, for cultists, for advertising dentists should not be deductible.

The organized dental and medical groups are interested in this bill or a similar one. Upon recommendation of the Committee on Legislation the House of Delegates of the American Dental Association at San Francisco and at Atlantic City passed a resolution approving the efforts of the Committee in securing changes in the income tax regulations allowing health service expenses as deductible items. When the Bone bill or a similar one comes before the next session of the Congress the pressure-from-behind of the dentists and physicians of the United States may be needed. Dentists should be prepared to give the Committee on Legislation whatever kind of support is indicated.

*Edward J. Ryan*

# DEAR ORAL HYGIENE:

"I do not agree with anything you say,  
but I will fight to the death for your right  
to say it."—VOLTAIRE

## You Asked For It Mr. Stout

In the *Saturday Evening Post*, September 18, 1937, is an editorial effervescence entitled, "Health Talk." The writer goes round about from Atlantic City and the River Volga to the Potomac. In his rambling, he throws in a take-off on humor from London *Punch* and a couple of Greek words. He starts out with a series of vicious digs at the dental profession, then jumps to tell us that faulty diet is the cause of all eye trouble. Next he tells us that eye strain will upset the digestion and so the general balance of the body. He finally touches upon the Supreme Court and the family "doctor." He then, winds up with a crack at the specialists.

Perhaps, the editor (Mr. Stout) knows what he wishes to accomplish. It is a little difficult to tell by the editorial. There is one saying that the editor failed to put into the "Health Talk": "A little knowledge is a dangerous thing."

I would like to pick this so called "Health Talk" to pieces and then answer each piece as it deserves. This would take much time. I would rather suggest that Mr. Stout show his "Health Talk" to any intelligent dentist. If the dentist does not burst a blood vessel after reading the first paragraph, the editor may learn something about dentistry and health.

Mr. Stout may learn that in den-

tistry as in any other profession all men do not agree on all points. He will learn that men exaggerate and overemphasize in criticizing the opponent's view. Mr. Stout will find that all the shouting at Atlantic City was about pulpless teeth only. The men doing the shouting claim that these pulpless teeth are not infected after their skilled treatment. Mr. Stout will learn what every dentist knows, that sepsis is a danger to bodily health, whether that sepsis be in the teeth and jaws, or in any part of the body.

Diet is an important factor in health, but we do not have a diet that will insure clean healthy teeth, eyes, and bodies.

"First we say that bad teeth poison the body. Then we virtually say an ill-nourished body poisons the teeth." Mr. Stout may be surprised to learn that it is possible for both of these statements to be true.

He may in time find out that both the family physician and the specialist may be fine men and very necessary to have around. He may learn that thorough chewing (Fletcherizing) rather than hasty gulping of food may have a very beneficial effect. He may discover that there is some value in sour milk, roughage, psychoanalysis, glands, nudism, diet, and toothbrushes. If he gets a good abscessed tooth, he may even wish for a (radical?) extraction. (Perhaps he can tell what a radical extraction

is.) Mr. Stout may even find that a bath, hot or cold, has an occasional use or benefit.

Self criticism may be a healthy thing for any profession but it is hardly a good thing for a lay editor to indulge in. Drugs may be useful in the hands of a physician. In the hands of the layman who does not thoroughly understand them they may prove dangerous.—VARIAN A. SWEETNAM, D.D.S., 504 East Broadway, Toledo, Ohio.

### Is a Golfer a Gentleman?

For years we have read ORAL HYGIENE. The *helps* received from its pages have given us all the inspiration for better service. One especial *help* is the mention of hobbies or activities of the dentist far removed from his professional duties. Its recent issues give us such men as Doctors F. N. Thomsen,<sup>1</sup> J. G. Christy,<sup>2</sup> and many others, all with different diversions distinctly apart from the profession. I feel that your editorial notice of them is a distinct service to us all.

Many dentists are golfers. I do not play the game so am rather ignorant of its technique and terminology. I am therefore asking you a question that was recently called to my attention. Your answer, much like a difficult diagnosis, may elicit divergent opinions.

The occurrence is a matter of old English Law, in which profanity, openly expressed in the presence of others, was punishable by a fine—graduated to fit the standing—social and otherwise—of the offender. That is to say, a boatman, a coal miner, or a cow hand was privileged to "cuss" at one shilling per word, but a gentleman—a minister, physician, or golfer was assessed double, or two shillings "per cuss word." (See Reg. V. Scott 1963-33 L.M.13)

On a Cornish golf course there is to be found an extremely difficult hazard. Approaching the green, which is on an elevation of about ten feet and which rises quite abruptly, one encounters terrain strewn with sharp rocks, clods and other debris, which makes a fair approach a very difficult matter.

It was to this hazard that a certain English gentleman had, on numerous occasions, addressed himself in the fond hope that *this* time he might gain much self satisfaction, by successfully negotiating the hazard. His former efforts had uniformly met with failure. As if beset by some trick of fate (perhaps the Imp of Darkness) the ball invariably fell amid the "thieves and robbers"—the rocks. Intuitively, it seemed to seek out some large and juicy rocks for bread and board, cunningly lying in wait for an exhibition of skill to dislodge it. Many of the old and seasoned golfers, on reaching this hazard, wisely shook their heads and called it a day. Not so this gentleman! His bull-dog English tenacity and determination allowed no rest for the worn until this particular nasty hazard should have been conquered. On one momentous day he went forth, fortified anew in strength and determination to do or die. A large gallery of interested spectators gathered nearby to witness his supreme effort. Engrossed in the game, he was unaware of their presence. All went well until the "Jonah" hazard was approached. Taking a firm grip on his determination he took his position carefully, changing his stance a trifle, took a long, clean swing at the ball. He was gratified to see the temperamental thing rise in a beautiful arc and sail directly toward the green, apparently on its way, at last, for an easy "putt."

Alas and alack, at just the crucial moment a gust of breeze from the nearby sea deflected its course and the ball nestled lovingly, once more, amid the accustomed rocks. He did his stubborn best; repeated attempts

<sup>1</sup>Ostergaard, V.: Thirty Years of Enthusiasm, ORAL HYGIENE 27:898 (July) 1937.

<sup>2</sup>Alcorn, J. F.: John G. Christy, Speaker, ORAL HYGIENE 27:763 (June) 1937.

sent the ball under other rocks; and here he wore out the ball and iron in his determination to dislodge it.

At this point, being somewhat exasperated, he withdrew in good order and set himself to do a first class bit of English cussing; the spectators hearing it in open mouthed amazement. A complaint was duly lodged by the golfer's caddy, for be it known, this was the imperative duty of the caddy, in order to save himself from durance vile.

Haled into court, the gentleman faced the learned Magistrate. The latter defined at great length what the conduct of a gentleman should be and the provocation which might mitigate an offense, due to unusual circumstances surrounding it. In short, a golfer is classed as an exemplary type of gentleman. In the case at bar, the Magistrate held that the provocation had been extraordinary, even though the profanity was charged and admitted and, at the given rate "per cuss," the minimum fine would be one hundred pounds, the Magistrate delivered himself of this finding:

"I find that the defendant at time was not in law responsible for his actions or his speech and I am unable to punish him in any way. For his conduct in the Chasm he will be formally convicted of Attempted Suicide while Temporarily Insane, but he leaves the court without a stain upon his character."<sup>3</sup>

\* \* \*

No doubt you are both a dentist and a golfer. Taking it for granted that the English Magistrate must have been wise, both in the law and the game of golf, isn't there at least a remote possibility that all golfers at times are mildly insane? Do you not think there is something about the game itself which might, at times, tempt the player to attempt suicide?

What is your diagnosis?

<sup>3</sup>Herbert, A. P.: *Uncommon Law*, Garden City, New York, Doubleday, Doran and Co., 1936.

Is a Golfer a Gentleman?

—D. B. BUTCHERS, D.D.S., *Carthage, Missouri*.

### Diagnosing Focal Infections

Your editorial<sup>4</sup> "Dear Columnist Brady: Tell Us More," is of particular interest to me.

It so happens that a contribution of mine to the *Archives of Physical Therapy*,<sup>5</sup> January, 1937, described my method for the determination of dangerous dental foci by means of ionization.

This article evidently appealed to Doctor William Brady, for on March 17, 1937, he devoted one of his columns to a discussion of this article.

Doctor Brady subsequently wrote to me asking for more information, and in my reply to him I cited the case of Mr. C. which appears in your editorial.

Evidently another column by Doctor Brady on this subject quoting this case also appeared in one of his columns, but I did not see it nor did I know that he had made this quotation.

I did see the first article about a month after it had appeared; my attention being called to it by one of my patients. In it reference was duly made to the journal, date, and number.

I do not know how valid my conclusions are. Clinically the method seems to work. If it does enable us to determine teeth which should be extracted as contrasted with teeth that may be permitted to remain without danger to the patient, it should prove valuable to the profession.

I am not selling any machine or patent. Any dentist can construct an ionizer in a few minutes; nor do I involve in any mysteries the Sherman

<sup>4</sup>Editorial, *Dear Columnist Brady: Tell us More*, ORAL HYGIENE 27:1208 (September) 1937.

<sup>5</sup>Sherman, J. L.: *New Aid in Diagnosing Focal Infections of Dental Origin*, *Arch. Phys. Ther.* 18:34 (January) 1936.

method. I took particular pains to make the explanation simple enough for any one to follow.

A number of my friends, dentists in practice within this vicinity, have been using this method of diagnosis, some with satisfying results and others with questionable results.

Your criticism and finding fault with a method of diagnosis because it employs a machine, and comparing it for that reason to the Abrams machine is, I think, quite unwarranted and unthoughtful. The x-ray, the electro-cardiograph, the sphygmograph, the pulp tester, are all machines used in and useful in diagnosis. The fact that these are machines does not mitigate against their findings. The Abrams machine was not a reprehensible humbug, because it was a machine, but because of the claims made for it, the secrecy

of its construction and the mystery surrounding its operation by a new type of radio vibration.

The machine used by me, however, is the ordinary dry cell galvanic ionizer, familiar to most dentists.

If, after reading the original article, or applying the tests to a number of cases, you should conclude that the method does not yield the results I claim for it, well and good. That is your privilege. It was for that reason that the article was written: not to be accepted as gospel truth but to be tried by dentists interested in dentistry. But in all fairness, do not condemn it before you have the facts before you, and above all, please do not damn the Sherman method because it appeals to Brady. It may be good in spite of it.—JACQUES L. SHERMAN, D.M.D., 424 New York Avenue, Huntington, Long Island, New York.

## STATE BOARD EXAMINATIONS

Connecticut Dental Commission will meet in Hartford, November 30, December 1, 2, 3, and 4, 1937, for the examination of applicants for license to practice dentistry and dental hygiene. Applications should be in the hands of the Recorder at least ten days before the meeting. For information, write to Almond J. Cutting, D.D.S., Recorder, Southington, Connecticut.

The National Board of Dental Examiners will hold a session for the examination of candidates in Parts I and II on December 6 and 7 in such cities as five or more candidates request. For information, write to Morton J. Loeb, D.D.S., 66 Trumbull Street, New Haven, Connecticut.

State Board of Dental Examiners, next examination, San Francisco, commencing on December 6 at Physicians and Surgeons College of Dentistry, 344 Fourteenth Street. All credentials must be in the office of the Secretary, Doctor Kenneth I. Nesbitt, 450 McAllister Street, San Francisco, at least 20 days prior to date of examination.

# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Pain After Extraction

Q.—Sometime ago I extracted an upper right third molar for a man about 50. The socket healed uneventfully but an area about a centimeter in diameter in the region of the palatine foramen became sore and sloughed out to a depth of about two to three millimeters.

Since then the pain continued for some time; recently active pain has subsided but the gum is still sensitive when the patient is eating. Slow healing is progressing satisfactorily with epithelization in the borders of the ulcer.

The only way I can account for this is possible injury to the nerves by a needle thrust into the right posterior palatine foramen. Have previous similar experiences come to your attention and can you offer a better solution relative to the cause? —C. F. D., Florida.

A.—We do not think that the trouble you had postoperatively to the removal of the maxillary third molar is due to a needle puncture. It was more likely due to a fracture of the tuberosity. Such a fracture would account more fully for the subjective and objective symptoms and would not affect an area around a needle puncture. I don't know if a roentgenogram would show that, this late, but it would be interesting to make one and see

what you find.—GEORGE R. WARNER.

## Aphthous Ulcers

Q.—Any information concerning the treatment for a patient of mine presenting the following history will certainly be appreciated.

My patient is a woman, 29, whose digestion is perfect, and general health apparently good. She has an almost continuous condition of aphthous ulcers on tongue, lips, and cheeks.

It is impossible to do necessary dental work. I have used everything that I know of including different strengths of silver nitrate. Some time ago I sent the patient to a physician, and the physician told the patient that he thought the condition was caused by too much acid, and after he treated her for a while he sent the patient to the hospital and ordered an analysis of the stomach which revealed no acid at all. The physician has been prescribing hydrochloric acid, but the ulcers do not respond, and the patient has returned to me for further treatment and I do not know what to do.—D. G., Missouri.

A.—Aphthous ulcers are usually due to allergy. Therefore, you should have food tests made for this patient if she cannot discover for herself to what foods she is sensitized.

I have one patient who was



found by test to be sensitized to wheat. She could hardly believe it but found by trial that it was true, so she has had no further trouble.

I have another patient who will develop aphthous ulcers if she eats English walnuts.—GEORGE R. WARNER.

### Correcting Trismus

Q.—In April I extracted a tooth for a man, using a local anesthetic. There was no unusual pain after extraction, and the wound healed readily. About a week later trismus developed and persists to the present. The patient can open his mouth nearly an inch without any pain. It can be forced open a little wider, but cannot be held there. I have recommended hot cloths on face and also have had the patient chew gum.

Can you give me any suggestions as to treatment? What causes trismus?—C. H. J., Florida.

A.—Trismus or cellulitis of periarticular tissue may be caused by injection into muscle tissue while making a nerve block or by infection. Your hot cloths are good treatment. It is somewhat better to add magnesium sulphate to the water on cloths. Rest is preferable to the gum chewing treatment in this condition.—V. C. SMEDLEY.

### Discolored Tooth

Q.—I wonder if you have any suggestions to make to remedy a condition that has occurred in my practice. One of my patients, a woman about 40, has an upper eight tooth fixed bridge. The left second bicuspid and cuspid and the right cuspid are used for the abutments. The cuspids both carry three-quarter crowns. The right cuspid is vital and the color has remained normal. The left cuspid was devitalized at the time

the bridge was placed about eight years ago. It is now very dark and so objectionable that my patient would like to have something done about it if at all possible. This she would like done without disturbing the bridge.

Upon taking a roentgenogram of the cuspid in question, I find a post attached to the three-quarter crown for additional anchorage. This post extends into the canal about three or four millimeters. The canal is thoroughly filled. Now, I would like to know if it is possible to bleach this tooth without disturbing the three-quarter crown or the post. Have you any other remedy to suggest? I had thought of using porcelain filling and grinding away the labial surface, but I hesitate to use such a large porcelain filling.—R. P. K., Wisconsin.

A.—Inasmuch as the discolored cuspid has a pin which securely anchors the bridge in place, it would be possible and practicable to make a baked porcelain facing for this tooth. I think of no other satisfactory solution of your problem. You cannot bleach this tooth with the bridge in place. Moreover, you might be unsuccessful in an attempt to bleach it even if you had free access to the canal.—GEORGE R. WARNER.

### Removing Iron Stain

Q.—What is the best method of removing iron stains and discoloration from the teeth? The patient I have in mind is about 35.—V. G. A., Colorado.

A.—I don't know how you can chemically remove iron stains without injuring the enamel.

If the patient is taking iron as a medicine, it could be taken through a glass tube and thus avoid staining. The present stain should come off with flour of pumice.—GEORGE R. WARNER.



To strangle the diner, has been  
my wish,  
Who scrapes his knife across his  
dish.  
And gladly I'd offer to push in the  
pan  
Of the goof who chews gum with  
great elan.  
For two cents I'd gag the after-  
dinner speaka  
Who seems to talk on for a day  
and a weeka.  
But this I promise; the next guy  
I sock,  
Will be the one who calls me Doc.  
*Abraham Gurvitz, D.D.S.*

Friend: "Are you and your wife  
on speaking terms?"

Man: "Well, I'm listening  
again."

"That's a good looking hat,  
Bill."

"I bought it five years ago, had  
it cleaned three times, changed it  
twice in restaurants, and it's still  
as good as new."

Judith: "My sweetheart has  
just lost all of his money."

Edith: "Don't you feel very  
sorry for him?"

Judith: "I surely do. How he  
will miss me!"

#### YOU KNOW

'Twas the night before pay day,  
And all through my jeans,  
I searched and I hunted for  
The ways and the means.  
But nothing was stirring  
Not even a jit,  
The silver had walked out  
And the greenbacks had quit.  
Hasten! Oh hasten! O Time in thy  
flight,  
And make it tomorrow  
Just for tonight.

Man: "I understand you are  
courting a widow. Has she given  
you any encouragement?"

Friend: "I'll say she has. Last  
night she asked me if I snored."

Teacher: "Tomorrow we'll take  
up miscellaneous work. By the  
way, what is *miscellaneous*?"

Pupil: "Miscellaneous is the  
ruler of Italy."

A sentimental woman was mar-  
ried to an unromantic man. One  
evening she said to him with a  
sigh:

"Would you mourn for me if I  
were to die?"

"Oh, yes," he mumbled, "of  
course I would."

"And would you visit the ceme-  
tery often?"

"Certainly," he said with a little  
more animation, "I pass it on the  
way to the golf links, anyhow."

Judge: "Have you ever ap-  
peared as a witness in this suit  
before, madam?"

Witness: "No, your honor, I  
think the last time I wore a brown  
crepe de chine afternoon dress."